

# FEE ONLY

|                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |            |             |                  |                      |                |                |      |               |               |                        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|-------------|------------------|----------------------|----------------|----------------|------|---------------|---------------|------------------------|-------------|
| <b>REQUEST<br/>FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b>                                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">10/055,421</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">January 22, 2002</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Norbert Dicken</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit</td> <td style="padding: 2px;">2875</td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;">Jacob Y. Choi</td> </tr> <tr> <td style="padding: 2px;">Attorney Docket Number</td> <td style="padding: 2px;">PHNL 010076</td> </tr> </table> | Application Number | 10/055,421 | Filing Date | January 22, 2002 | First Named Inventor | Norbert Dicken | Group Art Unit | 2875 | Examiner Name | Jacob Y. Choi | Attorney Docket Number | PHNL 010076 |
| Application Number                                                                                                                                                                                                                 | 10/055,421                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |            |             |                  |                      |                |                |      |               |               |                        |             |
| Filing Date                                                                                                                                                                                                                        | January 22, 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |            |             |                  |                      |                |                |      |               |               |                        |             |
| First Named Inventor                                                                                                                                                                                                               | Norbert Dicken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |            |             |                  |                      |                |                |      |               |               |                        |             |
| Group Art Unit                                                                                                                                                                                                                     | 2875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |            |             |                  |                      |                |                |      |               |               |                        |             |
| Examiner Name                                                                                                                                                                                                                      | Jacob Y. Choi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |            |             |                  |                      |                |                |      |               |               |                        |             |
| Attorney Docket Number                                                                                                                                                                                                             | PHNL 010076                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |            |             |                  |                      |                |                |      |               |               |                        |             |
| To Commissioner For Patents<br>Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |            |             |                  |                      |                |                |      |               |               |                        |             |
| This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 146 or 146a.) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |            |             |                  |                      |                |                |      |               |               |                        |             |

|                                                       |                                                                                                                                                                                                                          |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Submission required under 37 C.F.R. § 1.114</b> |                                                                                                                                                                                                                          |
| a.                                                    | <input checked="" type="checkbox"/> Previously submitted                                                                                                                                                                 |
| i.                                                    | <input checked="" type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. § 1.118 previously filed on <u>June 18, 2003</u><br><small>(Any unentered amendment(s) referred to above will be entered).</small>   |
| ii.                                                   | <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____                                                                                                             |
| iii.                                                  | <input type="checkbox"/> Other _____                                                                                                                                                                                     |
| b.                                                    | <input type="checkbox"/> Enclosed                                                                                                                                                                                        |
| i.                                                    | <input type="checkbox"/> Amendment/Reply                                                                                                                                                                                 |
| ii.                                                   | <input type="checkbox"/> Affidavit(s)/Declaration(s)                                                                                                                                                                     |
| iii.                                                  | <input type="checkbox"/> Information Disclosure Statement (IDS)                                                                                                                                                          |
| iv.                                                   | <input type="checkbox"/> Other _____ (may not be a brief)                                                                                                                                                                |
| <b>2. Miscellaneous</b>                               |                                                                                                                                                                                                                          |
| a.                                                    | <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i)) |
| b.                                                    | <input type="checkbox"/> Other _____                                                                                                                                                                                     |
| <b>3. Fees</b>                                        |                                                                                                                                                                                                                          |
| a.                                                    | <input checked="" type="checkbox"/> The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270                        |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |                     |                                   |         |
|-----------------------------------------------------|---------------------|-----------------------------------|---------|
| Name (Print Type)                                   | FRANK KEEGAN        | Registration No. (Attorney/Agent) | 50,145  |
| Signature                                           | <i>Frank Keegan</i> | Date                              | 7/29/03 |

| CERTIFICATE OF MAILING OR TRANSMISSION                                                                                                                                                                                                                                                           |                   |      |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|---------|
| I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313, or facsimile transmitted to the U.S. Patent and Trademark Office on the date below. |                   |      |         |
| Name (Print Type)                                                                                                                                                                                                                                                                                | EDNA CHAPA        | Date | 7/29/03 |
| Signature                                                                                                                                                                                                                                                                                        | <i>Edna Chapa</i> |      |         |

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PAGE 2/16 \* RCVD AT 1/4/2005 1:30:23 PM [Eastern Standard Time] \* SVR:USPTO-EFXXF-1/0 \* DMS:8729318 \* CSID:914 332 6615 \* DURATION (mm-ss):04-12

01/26/2005 LSPRUELL 00000002 141270 10055421

01 FC:1801 790.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

NL 010076

## CLAIMS AS FILED - PART I

|                                                           | (Column 1)      | (Column 2)   |
|-----------------------------------------------------------|-----------------|--------------|
| TOTAL CLAIMS                                              | 12              |              |
| FOR                                                       | NUMBER FILED    | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 12 minus 20 = * | 0            |
| INDEPENDENT CLAIMS                                        | 1 minus 3 = *   | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     | 740    |

## CLAIMS AS AMENDED - PART II

|                                                                         | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---|---------------|
| AMENDMENT A                                                             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total                                                                   | * 19                             | Minus | ** 20                              | = |               |
| Independent                                                             | * 3                              | Minus | *** 3                              | = |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

N/E

|                                                                         | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---|---------------|
| AMENDMENT B                                                             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total                                                                   | * 16                             | Minus | ** 20                              | = |               |
| Independent                                                             | * 3                              | Minus | *** 3                              | = |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|                                                                         | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---|---------------|
| AMENDMENT C                                                             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total                                                                   | * 16                             | Minus | ** 20                              | = | -             |
| Independent                                                             | * 3                              | Minus | *** 3                              | = | -             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.